

Department Of Public Health
Drug Control Program-Medication Administration Program
Waiver Request

The Service Provider for the DPH MAP Registered site must provide the DPH Drug Control Program with sufficient written documentation to support its request for a waiver. Attach additional documents if pertinent.

MAP Service Provider:		Date:	
DPH MAP Registered Site Address:		MAP MCSR #:	

MAP Policy/requirements requesting to waive:	
Describe in detail why the site is requesting the waiver (may attach supplemental document(s), if pertinent):	

A. Document how waiving the above MAP Policy/requirement for the above named DPH MAP Registered Site Address would:	
1. alleviate undue hardship to the DPH MAP Registered site:	
2. not jeopardized the health or safety of the individuals supported by the site:	
B. Document the compensating features the site will put into place if the waiver was granted:	

For DCP office use only		
Received by Drug Control Program	Comments	Staff initials

Waiver requests should be submitted, via postal mail, to the:
Drug Control Program Director
DPH Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street Suite 500
Boston, MA 02114
Or FAX to 617-753-8046